



# 2015 Leader in Training Volunteer Application

Parents Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact (please list two people):

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Name	Home Phone	Work or Cell Phone
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Name	Home Phone	Work or Cell Phone
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*In consideration of your acceptance of me or my child as a participant in an Edina recreation program, I hereby waive all claims against the City of Edina, its employees and its agents, and I release the City of Edina, its employees and its agents from all claims for all injuries, death and property damage suffered by me or my child incidental to, connected with, or arising out of the recreational activities for which my child or I am enrolled, including injuries suffered as the result of negligence by the City of Edina or its employees or agents, but not including injuries suffered as a result of their willful or intentional misconduct or gross negligence.*

*I give my approval to my child's participation in all City-sponsored activities during the current season. I understand that the program for which I have enrolled or given my child permission to participate in may be hazardous and that injuries may occur in the normal course of participation or instruction. I assume all risks and hazards incidental to my child's or my participation, including transportation to and from the activities. I also understand and acknowledge that the City of Edina has no medical or health insurance covering me or my child.*

*I understand the Parks & Recreation Department staff or their representatives may photograph participants enrolled in programs, classes or events or enjoying park facilities. These photographs become the sole property of the City and are for city publications, including future issues of About Town and Activities Directory.*

*I also understand that information I have provided will be made available only to program staff, the City of Edina's insurer and attorney, and volunteers connected with the program, for the purpose of administering the activity and providing parents and children with information regarding scheduling or scheduling changes.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

# 2015 Leader in Training Volunteer Application



Name: \_\_\_\_\_ Current School Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Please list all volunteer experiences (church, school, clubs):**

**Why do you want to become a volunteer Leader in Training?**

**We request a commitment of two days per week (minimum of four hours) and attendance at orientation session on Friday, June 5 (time TBD). Program dates June 8-July 23.**

**I want to volunteer with playgrounds for ages 6-10; please check preferred day and circle site:**

\_\_\_\_\_ Mon. & Wed. 12:45 - 4:15 p.m. **Please circle site:** Todd Countryside Highlands Normandale Weber

\_\_\_\_\_ Tues. & Thurs. 12:45 - 4:15 p.m. **Please circle site:** Normandale Weber Lewis Cornelia

**I want to volunteer with nature focused programs; please circle and check preference:**

\_\_\_\_\_ Mon. & Wed. 9 - 11:30 a.m. or Tues. & Thurs. 9 - 11:30 a.m. w/preschoolers at Highlands

\_\_\_\_\_ Tues. & Thurs. 12:45 - 4:15 p.m. at Highlands

**I want to volunteer with arts/crafts, drama, singing, dance programs; please check time preference and circle day preference:**

\_\_\_\_\_ Mon. & Wed. 9 - 11:30 a.m. or Tues. & Thurs. 9 - 11:30 a.m. w/ages 5-8 at Walnut Ridge

\_\_\_\_\_ Mon. & Wed. 12:45 - 4:15 p.m or Tues. & Thurs. 12:45 - 4:15 p.m. Walnut Ridge

**I want to volunteer with preschool sports programs; please check day and circle site:**

\_\_\_\_\_ Mon. & Wed. 9 - 11:30 a.m. Weber or Cornelia

\_\_\_\_\_ Tues. & Thurs. 9—11:30 a.m. Weber or Cornelia



# 2015 Leader in Training Letter of Recommendation

*This form is to be completed by a school teacher, counselor, volunteer supervisor, religious leader or another responsible adult who is NOT related to the applicant. As a Leader in Training, this individual will assist Playground Leaders with games, crafts, activities as well as act as a role model for ages 4-8 who attend the programs. Thank you.*

Name of applicant:\_\_\_\_\_

How do you know this applicant and for how long?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the applicant's ability to work with youth ages 4-8:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List three qualities that would make the applicant an asset to our programs:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to applicant

**Please return this form to:**

Kristin Aarsvold, 4801 W. 50th St. Edina MN 55424 or

kaarsvold@edinamn.gov